

7. Future career / profession

- | | |
|--|---|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Law | <input type="checkbox"/> Hotel Management |
| <input type="checkbox"/> Art & Design | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Other : | |

8. Which foreign language(s) do you know and at which level ?

	Mother tongue	Fluent	Advanced	Intermediate	Beginner
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you obtained any of these language diplomas / certificates ?

- | | | | |
|--------------------------------|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> KET | <input type="checkbox"/> PET | <input type="checkbox"/> FCE | <input type="checkbox"/> IELTS |
| <input type="checkbox"/> TOEFL | <input type="checkbox"/> DELF | <input type="checkbox"/> Other | <input type="checkbox"/> No |

10. Do / Did you belong to a sport team ? If yes, please state :

	No	Yes	Level : Advanced	Intermediate	Beginner
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other :			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Are you actively involved in any of these extra-curricular activities – creative, community service, committees, etc. ?

- | | | | |
|--------------------------------|---|--|----------------------------------|
| <input type="checkbox"/> Drama | <input type="checkbox"/> Art & Design | <input type="checkbox"/> Photography | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> MUN | <input type="checkbox"/> Habit for Humanity | <input type="checkbox"/> Vocals | <input type="checkbox"/> Band |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Guitar | <input type="checkbox"/> Other : | |

12. Have you visited Switzerland before ?

- No Yes

If yes, in what context :

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Studies |
| <input type="checkbox"/> Family visit | <input type="checkbox"/> Other : |